

10/531851

Practitioner's Docket No. PA1312 US

PATENT

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Method and Agent for Treating Vulnerable Plaque.

SPECIFICATION IDENTIFICATION

The specification is filed herewith.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)

Michael J. Jaro
Catherine C. Maresh
Janis J. Biksa
James F. Crittenden

REGISTRATION NUMBER(S)

34,472
35,268
33,648
39,560

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO

Michael J. Jaro
IP Legal
3576 Unocal Place
Santa Rosa, CA 95403
28390

DIRECT TELEPHONE CALLS TO:

Michael J. Jaro
707-566-1746

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

1-00
" " " " "

Patrice Tremble

Inventor's signature

Date 7/02/04

Residence Santa Rosa, CA CA.

Post Office Address 3116 Luna Ct., Santa Rosa, CA 95404

Patrice Tremble
Country of Citizenship United States

2-00
Wenda Carlyle

Inventor's signature

Date June 23, 2004

Residence Silverado, CA CA.

Post Office Address P.O. Box 563, Silverado, CA 92676

Wenda Carlyle
Country of Citizenship United States